

<b>Policy:</b> AA-001	<b>Effective Date:</b>	10/2103
<b>Topic:</b> Admission	<b>Date(s) Revised:</b>	9/2013
<b>Applicable Service(s):</b> Hospice	<b>Page:</b>	Page 1 of 9

**Policy:**

Patients will be admitted to the Hospice program with the recommendation of the medical director in consultation with or input from the patient's attending physician (if any), according to carefully defined admission criteria. Amedisys Hospice only admits patients that are age 18 or older. Hospice offers care to patients and families without regard for gender, sexual orientation, color, national origin, race, creed, disability, age, place of residence, or once a patient is admitted, there will be no bias based on the ability/inability to pay. Eligible patients shall be admitted to the Hospice program within 24 hours of physician order for care (unless otherwise is specified by the physician or requested by the patient/family).

**Operational Guidelines:**

1. Criteria for Admission
  - a) The patient lives within the hospice service area.
  - b) The patient has a documented diagnosis of a terminal illness and with a life expectancy of (6) months or less if the disease runs its anticipated course.
  - c) The patient meets Medicare's Local Coverage Determination guideline for the terminal diagnosis.
  - d) The focus of care is to provide palliative treatment and management of a terminal illness. Hospice does not provide curative treatment.
  - e) There is current clinically relevant information supporting the hospice diagnosis.
  - f) The patient, family or the designated legal representative must have been informed of the terminal diagnosis and has agreed to accept only palliative care to relieve pain and or suffering.
  - g) The patient and family or designated legal representative must voluntarily request admission and give written consent to electing the Medicare Hospice Benefit.
  - h) The patient must be under the care of a physician who certifies, in writing that the patient has a terminal illness.
2. Hospice does not require patients to have a primary caregiver at the time of admission as long as the patient can be safely and adequately cared for in their environment. If they have not identified a primary caregiver, the hospice along with the patient shall develop a detailed plan for meeting the daily care and safety needs of the patient.
3. The patient/family understand the majority of care is provided in the home.
4. A Medicare patient who resides in an SNF or NF may elect the hospice benefit if:
  - The residential care is paid for by the patient; or
  - The patient is eligible for Medicaid and the facility is being reimbursed for the beneficiary's care by Medicaid, **and**
  - The hospice and the facility have a written agreement under which the hospice takes full responsibility for the professional management of the patient's hospice care and the facility agrees to provide room and board to patient.
5. Following receipt of a referral by a licensed nurse, an intake evaluation will be performed to determine eligibility and to explain the Hospice Medicare Benefit prior to acceptance of the patient.

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6. When a patient is referred/admitted after hours or on a weekend and the hospice is unable to verify payor source information, the patient will be advised of such and that the hospice is unable to determine the patient's financial responsibility, if any. Payor source information will be verified on the next business day and the patient will be notified of any financial responsibility within 24 hours of receiving the information.
7. The admission assessment will be scheduled within 24 hours of physician's order unless otherwise specified by the physician or the patient/family request a delay in admission. If the admission assessment is scheduled more than 24 hours after the physician's order for care at the patient/family request, documentation of such will be included in the patient's record (in a written or electronic format).
8. The decision to admit the patient is based on the patient/family needs and staff availability to meet the needs. The assessment by the registered nurse determines the type, appropriateness, and adequacy of a requested hospice services. If the patient meets criteria, the registered nurse initiates the patient's plan of care after discussing the case with at least one other member of the IDT.
9. When a patient is found not to be eligible for hospice care, all attempts will be made by the hospice staff to direct the individual to the appropriate community resource by notifying the patient/family or legal representative, attending physician and/or referring agency.
10. In the event the hospice agency is unable to provide a specific service by employees or through contracted services, the IDT will initiate a transfer to another hospice, capable of providing the needed service, with the patient's consent and the physician's permission.

Inpatient Hospice Admission: In addition to the home care admissions requirements, hospices can admit a patient to short term inpatient care with the IDT's approval and a physician's order and if they meet the following criteria which may include but are not limited to:

1. Requires nursing care supervised by a registered nurse that cannot feasibly be provided in another hospice setting.
2. Requires procedures that are necessary for pain control or acute or chronic symptom management.
3. Requires medication adjustment, observation, or other stabilizing treatment

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### **State Specific Information**

#### ***Alabama:***

420-5-17-.16 Admission of Patients to the Hospice Care Program.

- (1) A hospice care program shall not admit any individual who does not meet the definition of a hospice patient.
- (2) A hospice care program shall obtain informed consent from the patient. The program shall require that the patient, or the patient's authorized representative, sign an informed consent form.
- (3) A hospice care program shall permit a hospice patient to withdraw consent for hospice care at any time.
- (4) Prior to or within 48 hours after admission of each patient, a hospice care program shall obtain an oral statement from the patient's attending physician, if the patient has an attending physician, and the medical director of the hospice care program or the physician member of the interdisciplinary team, certifying that the patient is terminally ill. The program shall obtain written confirmation of the oral statement within thirty days after admission or prior to billing for any services, whichever is earlier. The written certification statement shall be signed by the patient's attending physician and the medical director of the hospice care program or the physician member of the interdisciplinary team.

#### ***Alaska:***

AAC 12.318. Admission criteria. (a) A hospice agency may accept a client for hospice care only if the hospice agency has a reasonable expectation that the hospice agency will adequately meet the client's needs. In addition to meeting the applicable requirements of (a) – (d) of this section, a hospice agency shall consider the following factors before accepting a client for hospice services:

- (1) the adequacy and suitability of agency staff and resources to provide necessary services;
- (2) assessments of the client's medical, nursing, and social needs pertaining to the benefits derived from hospice care;
- (3) attitudes of the client and the client's family toward hospice care;
- (4) degree of client and family awareness of their respective rights and responsibilities;
- (5) the agency's ability to manage any medical emergency that is likely to occur, based on an assessment of known risk factors related to the client's condition;
- (6) the availability, ability, and willingness of others to participate in the client's care;
- (7) assurance that services can be effectively coordinated through liaison with organizations and individuals also providing care to the client. (Eff. 5/24/2007, Register 182)

#### ***Connecticut:***

19-13-D72. Patient care policies

(a) General Program Policies. An agency shall have written policies governing referrals received, admission of patients to agency services, delivery of such services and discharge of patients. Such policies shall cover all services provided by the agency, directly or under contract. A copy shall be readily available to patients and staff and shall include but not be

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limited to:

(1) Conditions of Admission:

(A) An agency shall accept a plan of treatment from a chiropractor for services within the scope of chiropractic practice as defined in Connecticut General Statutes Sec. 20-28, and an agency shall accept a plan of treatment from a podiatrist for service within the scope of podiatry practice as defined in Connecticut General Statutes Sec. 20-50. The agency shall have policies governing delivery of these services. Said policies shall conform to all applicable sections of these regulations;

(B) A home assessment by the primary care nurse or, when delegated by the supervisor of clinical services, by other professional staff, to determine that the patient can be cared for safely in the home;

(C) The scope of agency, patient and, when appropriate, family and/or other participation in the home health services to be provided;

(D) Circumstances which render a patient ineligible for agency services, including but not limited to level of care needs which make care at home unsafe, kinds of treatments agency will not accept, payment policy and limitations on condition of admission, if any;

(E) Plan for referral of patients not accepted for care;

(F) Any delay in the start of service shall require prior notification to the patient. Such notification shall include the anticipated start of service date and the agency's plan while the patient is on the waiting list;

(G) The policies define agency responsibility, plan and procedures to be followed to assure patient safety in the event patient services are interrupted for any reason.

(B)(ii) Admission criteria for accepting a patient family for hospice services which includes, but is not limited to, a statement of a physician's or the medical director's clinical judgment regarding the normal course of the individual's illness and a requirement that patients will not be discharged from the hospice program solely as a result of admission to an inpatient setting with which the hospice program has a coordination of inpatient care agreement;

### **Georgia:**

GA 290-9-43-.14(1)(a) The patient has a referral from a physician who has personally evaluated the patient and diagnosed the patient as terminally ill, where the medical prognosis is less than six months of life if the terminal illness takes its normal course, and in need of hospice care

GA 290-9-43-.14 (3) In addition to home care admissions, hospices that elect to offer residential services shall admit to a residential facility only those patients who do not require acute management of symptoms or stabilization and who meet the following criteria:

- (a) The patient's lack a sufficient number of capable and willing caregivers; or
- (b) The patient's care needs are too complex and difficult for non-medical caregivers to perform confidently; or
- (c) The patient's primary home is not suitable or available and/or the home cannot be adapted to meet the patient's needs; or
- (d) The patient has no other home available or desires not to live at home.

### **Illinois:**

77 Ill Adm.Code 280.2030 (b) The hospice program shall clearly define its admission criteria. Decisions on admission shall be made by a hospice care team and shall be dependent upon the expressed request and informed consent of the patient or the patient's legal guardian.

77 Ill Adm.Code 280.2080 (g) ) Each hospice program shall develop written policies and

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procedures for admissions and discharges, the function of the hospice care team, and the development of the patient care plan.

(1) Admissions to the hospice program shall be limited to interested individuals who have been determined by their attending physician as having a terminal illness for which palliative care is considered the appropriate medical regimen.

(3) Upon admission, the hospice care team shall coordinate an evaluation of the patient's physical, medical, spiritual, social and psychological needs. The patient and the hospice patient's family shall be evaluated to determine the unit of care.

**Massachusetts:**

105 CMR 141.208: Admissions

(A) The hospice shall establish written admission criteria and policies which shall include an assessment of the patient's/family's desire and need for hospice service, and any eligibility limitations of a patient who does not have a designated primary care giver.

(B) Admission to a hospice shall be limited to patients

(1) who are terminally ill with a limited life expectancy,

(2) who are no longer receiving treatment for cure,

(3) who along with the physician and family agree that palliative care is appropriate, and

(4) who have elected to receive hospice care.

(C) Each hospice shall define in writing the term "limited life expectancy" in its admission policies.

(D) The patient, or a representative of the patient's family unit if the patient is not able, must sign an informed consent agreement.

**Mississippi:**

**114.01 Patient Care Services**

2. Admission criteria – The hospice shall have written policies to be followed in making decisions regarding acceptance of patients for care. Decisions are based upon medical, physical, and psychosocial information provided by the patient's attending physician, the patient/family and the interdisciplinary group. The admission criteria shall include:

a. The ability of the agency to provide core services on a 24-hour basis and provide for or arrange for non-core services on a 24-hour basis to the extent necessary to meet the needs of individuals for care that is reasonable and necessary for the palliation and management of terminal illness and related conditions;

b. Certification of terminal illness signed by the attending physician and the medical director of the agency upon admission and recertification;

c. A documented assessment of the patient/family needs and desires for hospice services;

d. Informed consent signed by patient or representative who is authorized in accordance with state law to elect the hospice care, which will include the purpose and scope of hospice services.

3. Admission Procedure – Patients are to be admitted only upon the order of the patient's attending physician.

a. An assessment visit shall be made by a registered nurse, who will assess the patient's needs with emphasis on pain and symptom control. This assessment shall occur within 48 hours of referral for admission, unless otherwise ordered by physician or unless a request for delay is made by patient/family.

b. Documentation at admission will be retained in the clinical record and shall include:

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1. Signed consent forms;
2. Documented evidence that a patient's rights statement has been given or explained to the patient and/or family;
3. Clinical data including physician's order for care;
4. Patient Release of Information;
5. Orientation of the patient/care giver, which includes:
  - a. Advanced directives;
  - b. Agency services;
  - c. Patient's rights; and
  - d. agency contact procedures;
  - e. Certification of terminal illness signed by the medical director and attending physician.

***New Hampshire:***

***He-P 823.16***He-P 823.16 Patient Services.

- (a) The licensee shall only admit those patients whose needs can be met by the HHCP.
- (b) At the time of admission, personnel of the HHCP shall:
  - (1) Provide, both orally and in writing, to the patient, or the patient's guardian or agent, if applicable the HHCP's:
    - a. Policy on patient rights and responsibilities, including a copy of the Home Care Clients' Bill of Rights, pursuant to RSA 151:21-b;
    - b. Complaint procedure;
    - c. List of care and services that are provided directly by the HHCP; and
    - d. List of the care and services that are provided by contract;
  - (2) Obtain written confirmation acknowledging receipt of the items in (1) above from the patient, their guardian or agent, if applicable;
  - (3) Collect and record the following information:
    - a. Patient's name, home address, home telephone number and date of birth;
    - b. Name, address and telephone number of an emergency contact and guardian and or agent, if applicable;
    - c. Name of patient's primary care provider and their address and telephone number;
    - d. Copies of all legal directives such as durable power of attorney, legal guardian or living will; and
    - e. Written and signed consent for the provision of care and services; and
  - (4) Obtain documentation of informed consent and consent for release of information.
- (c) The hospice care provider shall ensure that medical direction is provided either from the patients' attending licensed practitioner or the hospice medical director.
- (d) Patients who are admitted or accepted for services shall:
  - (1) Be evaluated and assessed by professional staff within 48 hours of admission; and
  - (2) Have an order for any service for which such order is required by the practice acts of the person providing care.

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(e) Patients who are accepted for services shall have a nursing assessment at the following intervals to determine the level of care and services required by the patient:

- (1) Within 48 hours of admission; and
- (2) At least every 90 days thereafter.

(f) The assessment required by (e) above shall contain, at a minimum, the following:

- (1) Pertinent diagnoses including mental status;
- (2) A pain assessment, including symptom control and vital signs;
- (3) A physical assessment;
- (4) A cognition and mental status assessment;
- (5) A behavioral assessment;
- (6) A psychosocial assessment;
- (7) Medications and treatment needs;
- (8) Functional limitations;
- (9) Nutritional requirements;
- (10) Estimated duration and frequency of care and services;
- (11) Any equipment required; and
- (12) Any safety precautions.

(g) In addition to the information in (e) above, the initial nursing assessment shall include:

- (1) Reactions of the patient and family members to terminal illness;
- (2) History of the patient's and family coping strengths and weaknesses;
- (3) Social and financial concerns; and
- (4) Spiritual beliefs and desires of the patient.

#### ***South Carolina:***

801 A. Individuals seeking admission shall be identified as appropriate for the level of care, treatment, services, or assistance offered. The hospice shall establish admission criteria that are consistently applied and comply with local, state, and federal laws and regulations.

4. The person is not likely to endanger him/herself or others as determined by a physician or other authorized healthcare provider. (I)

#### ***Tennessee***

1200-08-27-.05 ADMISSIONS, DISCHARGES AND TRANSFERS.

(1) The hospice service program shall have a policy to admit only patients who meet the following criteria:

- (a) Has been diagnosed as terminally ill;
- (b) Has been certified by a physician, in writing, to have an anticipated life expectancy of six (6) months or less;
- (c) Has personally or through a representative voluntarily requested admission to, and been accepted by, a licensed hospice service organization; and
- (d) Has personally or through a representative, in writing, given informed consent to receive hospice care; or
- (e) Is a non-hospice patient that has been determined to need palliative care only.

(2) Patients shall be accepted to receive hospice services on the basis of a reasonable expectation that the patient's medical, nursing and psychosocial needs can be met adequately by the organization in the patient's regular or temporary place of residence.

(3) Care shall follow a written plan of care established and reviewed by the attending physician, the medical director or physician designee and the interdisciplinary group prior to providing care. Care shall continue under the supervision of the attending physician.

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(4) The agency staff shall determine if the patient's needs can be met by the organization's services and capabilities.

(5) Every person admitted for care or treatment to any agency covered by these rules shall be under the supervision of a physician as defined in this chapter who holds a license in good standing. The name of the patient's attending physician shall be recorded in the patient's medical record.

(6) The agency staff shall obtain the patient's written consent for hospice services.

(7) The signed consent form shall be included with the patient's individual clinical record.

(8) A diagnosis must be entered in the admission records of the agency for every person admitted for care or treatment.

(9) No medication or treatment shall be provided to any patient of an agency except on the order of a physician or dentist lawfully authorized to give such an order.

(10) A medical record shall be developed and maintained for each patient admitted.

(11) No patient shall be involuntarily discharged without a written order from the attending physician or the medical director stating the patient does not meet hospice criteria, or through other legal processes, and timely notification of next of kin and/or the authorized representative.

(12) When a patient is discharged, a summary of the significant findings and events of the patient's care, the patient's condition on discharge and the recommendation and arrangement for future care, if any, is required.

(13) The agency shall ensure that no person on the grounds of race, color, national origin or handicap, will be excluded from participation in, be denied benefits of, or otherwise subjected to discrimination in the provision of any care or service of the agency. The agency shall protect the civil rights of patients under the Civil Rights Act of 1964 and Section 504 of the Rehabilitation Act of 1973.

#### **Texas:**

TX Chapter 97, Subchapter D, Rule §97.403 (E)(g) Prior to the start of care , the hospice physician or registered nurse must make an initial health assessment visit to determine the immediate care and support needs of the client.

TX Chapter 97, Subchapter D, Rule §97.403 (E)(h)(1) The hospice must complete the comprehensive assessment in a timely manner consistent with the client's immediate needs, but no later than seven calendar days after the start of hospice care.

TX Chapter 97, Subchapter D, Rule §97.403 (E) (g)(1) The hospice physician or registered nurse must contact the client or client's representative other within 24 hours of receiving the physician's referral for hospice care to schedule an appointment for the initial health assessment.

TX Chapter 97, Subchapter D, Rule §97.403 (E) (g)(2) The initial health assessment visit must be held within 48 hours after the hospice's receipt of the physician referral for hospice care, or otherwise ordered.

#### **West Virginia:**

5.11.The hospice shall inform a patient or his or her legal representative in writing at the time of admission and again per hospice policy in any changes to the following

5.11.a The responsibilities of a hospice in regards to the care of the patient, including services to be provided by the hospice and the patient's and caregiver's role in the care

5.11.b. The materials and equipment available to the patient and family

5.11.c. Any existing pre-payment, refund or sliding scale fee policy



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- 5.11.d. A statement of the patient's and family's financial responsibility, if any
- 5.11.e. The phone number of the Office of Health Facility Licensure and Certification with instructions on how to make a complaint
- 5.11.f. The drugs and biologicals for which the patient and hospice would be responsible